



General Assembly

February Session, 2016

Raised Bill No. 281

LCO No. 1274



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT REQUIRING SITE-NEUTRAL REIMBURSEMENT POLICIES IN
CONTRACTS BETWEEN HEALTH CARRIERS AND HEALTH CARE
PROVIDERS.***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Section 38a-472i of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2016*):

3 [Each insurer, health care center, hospital service corporation,
4 medical service corporation or fraternal benefit society that delivers,
5 issues for delivery, renews, amends or continues an individual or
6 group health insurance policy providing coverage of the type specified
7 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 in this state,
8 and contracts directly with a physician or physician group or
9 physician organization to provide medical services under such policy
10 shall, at such contracted physician's or physician's group's or
11 physician's organization's request, establish a payment amount for the
12 physician's professional services component of colonoscopy or
13 endoscopic services covered under such policy, that is the same
14 regardless of where the physician's professional services are

15 performed. Such payment amount for the physician's professional
16 services shall not be less than the amount that would otherwise be
17 paid to such contracted physician or physician group or physician
18 organization if the services are performed at a facility other than an
19 outpatient surgical facility, as defined in section 19a-493b. Nothing in
20 this section shall prohibit a contracted physician or physician group or
21 physician organization from agreeing to a different payment
22 methodology for colonoscopy or endoscopic services.]

23 (a) Each health insurer, health care center, hospital service
24 corporation, medical service corporation, preferred provider network
25 or other entity that contracts with health care providers to provide
26 health care services to its insureds or enrollees, shall include in each
27 such contract that is entered into, renewed or amended on or after
28 October 1, 2016, site-neutral reimbursement policies as recommended
29 by the Medicare Payment Advisory Commission's June 2013, Report to
30 the Congress: Medicare and the Health Care Delivery System, as
31 updated from time to time. Such reimbursement policies shall, at a
32 minimum, (1) require reimbursement that is the same for all health
33 care providers regardless of where the services are performed for (A)
34 evaluation and management visits, (B) services classified by said
35 commission as Group 1 ambulatory payment classification in said
36 report, and (C) ambulatory surgical procedures and services identified
37 by said commission as appropriate for equal reimbursement, and (2)
38 limit reimbursement differentials to only the amount necessary for the
39 actual cost of packaging ancillary services for services classified by
40 said commission as Group 2 ambulatory payment classification in said
41 report.

42 (b) Each contract under subsection (a) of this section shall include a
43 conspicuous statement that the contract complies with site-neutral
44 reimbursement policies as required by law.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>October 1, 2016</i>	38a-472i
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Statement of Purpose:

To require site-neutral reimbursement policies to be included in contracts between health insurers and other entities that contract with health care providers for the provision of health care services.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]